

### ANESTHESIA NARCOTIC KIT REGISTER

*The collection of information is governed by the Authority, Purpose and Routine Uses identified in DD Form 2005, Privacy Act Statement - Health Care Records*

KIT NUMBER	ISSUED TO	SIGNATURE								DATE	ROOM NUMBER		
<b>STANDARD KIT</b>		ISSUED BY <i>(Pharmacy Personnel)</i>								PHARMACY ORDER NUMBER			
PATIENT'S NAME <i>(Last, First, MI)</i>										SOCIAL SECURITY NUMBER			
DRUG	Ephedrine 50mg/ml	Fentanyl 100 mcg/2ml	Fentanyl 250mcg/5ml	Morphine 10mg/ml	Versed 2mg/2ml	Alfenta 1000mcg/2ml	Remifentanil 1mg/Vial	Remifentanil 2mg/Vial	Sufenta 250mcg/5ml	Ketamine 500mcg/5ml	DRUG	USED/WASTED (mcg, mg, or ml)	WASTE WITNESS INITIALS
<b>ISSUE BALANCE</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>3</b>						<b>Ephedrine</b>	/	
	EPH50	A1695	A1697	A8113	A7965	A1730			A1711	KETINJ	<b>Fentanyl</b>	/	
<b>USED</b>											<b>Morphine</b>	/	
											<b>Versed</b>	/	
											<b>Alfenta</b>	/	
<b>TURN-IN BALANCE</b>											<b>Remifentanil</b>	/	
											PROVIDER SIGNATURE		
Pharmacy Use Only	<b>CK1</b>			<b>CK2</b>			<b>CK3</b>				WITNESS SIGNATURE(s) & Initials by Each Drug		